February 3, 2009

Health Workforce Pilot Projects Program
Interviews with Trainee
171—07-100
Concord, California

Interview Elements	Comments/Notes													
	BRN				**MBC**	**American College of OB-GYN, District IX**				**Technical Consultants UCD FNP/PA Program**	**OSHPD-HWPP**			
	T - 543	**T - 996**	**T- 680**	**T - 441**		**T - 543**	**T - 996**	**T- 680**	**T - 441**	**T- 996, T – 680, T – 441, (She mentioned T 996 twice. She might have meant T-543 as the 4th Trainee)**	**T - 543**	**T - 996**	**T- 680**	**T - 441**
Employment History: The Trainee's Role as a Certified Nurse Midwife, Physician Assistant, or Nurse Practitioner 1. How long have you been licensed/certified as a practitioner? 2. What inspired you to become a practitioner? 3. How long has your practice involved providing services related to maternal and child health, abortion care, miscarriage management care? (Discussion regarding services provided) 4. What inspired you to become a part of this pilot project?	Years of experience. Had ICU, ER, Public Health. 20 years with Planed Parenthood. Train new grads for Planned Parenthood.	Women's Health Care practitioner. Has over 20 years of service with Planned Parenthood- since 1984.	Has had experience with procedures relative to Planned Parenthood.	Grad 2004 N.P. Pittsburg clinics**.**	No report received	This nurse is a seasoned clinician who seems very confident with her skills. She describes herself as particularly competent and confident with procedures, this procedure being one among many that she performs. I can imagine that as she builds volume she will eventually be in a position to mentor other nurse practitioners and PAs who are learning abortion procedures. I feel confident that she knows her limitations and would ask for backup when needed. I have no hesitation recommending with her skills.	This clinician is still in her supervised training. She is enthusiastic confident, and appears ready to move to the next level of independence. She described a difficult procedure that she encountered with knowledge of how to manage the challenge. She has a clear comfort level and yet is very ready to ask for backup when she needs it. I have no hesitation with her skills**.**	This clinician showed confidence and enthusiasm for adding abortion procedures to her practice. As with other clinicians, I have no doubt that she will seek backup when needed. She described challenges appropriately. Her commitment to caring for underserved populations is especially compelling as a clinician who will fulfill the workforce mandate. I have no hesitation about her skills and ability to provide high quality care.	Although this clinician voiced some uneasiness with having had a gap in her training that left her less confident when she returned to training, her presentation and candidness about her readiness to consult and assurance that she never worked beyond her comfort level gave me confidence that she would be a very careful, diligent provider. I especially appreciate her breadth of experience in reproductive health and her commitment to work in the smaller clinics where she will be an asset providing care for women who need reaspirations. However, it is important that she works in a regularly scheduled clinic with sufficient volume that	Each APC was at a different training level and each explained the process of didactic education, direct physician preceptorship training, and competency based clinical evaluations. Curriculum was described as being self-paced and appropriate for each trainee. Didactic curriculum is 30 hours and each APC must pass a written examination before progressing to the hands on clinical training module. Trainees stated that they were comfortable with the education model and that the clinical preceptorship as well as an independent clinical practice. One APC has completed over 100 procedures without complications. Upon entry into clinical preceptorship as part of the	Before the project, T-543 had experience in caring for ICU and ER patients as well as public health nursing. She has been with Planned Parenthood for twenty years. She trains new graduates that are hired by Planned Parenthood	T-996 is in her 2nd year with the project. She began with Planned Parenthood in 1984.	T-680- has been in the practice phase for a little over a year now. She is practicing at the Hilltop Clinic in Richmond, CA.	T-441 completed her training as a nurse practitioner in 2004 (Pittsburg)

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									she maintains her skills and comfort level.	training, there is one-to-one teaching by a qualified physician. The learning environment is appropriate for each trainee with close supervision and a process of ongoing clinical evaluations and feedback by the preceptor. Each case was proctored and discussed within the educational model process. All APCs stated that they performed first trimester procedures only. In addition, each APC in the training process provides follow-up to their patients after the procedure by either personal contact or phone contact to access health status. These contacts are documented and part of the data collection. In addition, all APCs keep logs of all patient procedures completed.				

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New Role: As a Trainee in this Extended Capacity: 1. Do you feel comfortable in your new role? 2. Do you feel competent to perform the new skills you have learned? 3. Are you expected to perform tasks that you were not trained to do? 4. Could you comment on the course content during your didactic and clinical training phases? 5. Was the time allocated for training sufficient for your comfort level\your competency level?	Appears comfortable in her present role.	Completed procedure 26 (3rd clinical day) = 1 day per week. Does 8-9 per day.	Curriculum was taken from one used by MDs – Excellent Curriculum is self paced CEU 30 credits Required reading, cases etc. Review on site with trainee. Min 6 clinical days, exams (90%). Monthly case based conference calls	Feels mostly comfortable with skills. 2-4 weeks follow-up calls. All trainees do their own follow-up on their clients.							T-543 is now in the 2nd year practice phase of the project, Employment/ Utilization Phase. T-543 reports that she is practicing along side of the Family Practice residents and interns of the TEACH Program who have their own clinic schedules. She is currently conducting her practice work at the Walnut Creek facility, which is in the Shasta Diablo System.	T-996 has her clinical 1 day per week for three weeks. She has performed initially 22 procedures, and then there was a gap and now totals approximately 22 procedures. She averages 8 or 9 per day. She has had a chance to review ultrasound for visualization. when she was unable to complete the procedure. She considers the patients emotions before she performs her procedures. T-996 has had the exposure of an incomplete procedure where the abortion was unsuccessful She described a difficult procedure. Where she used her knowledge of how to manage the challenge.	She tries to have procedures more than one every month. Her procedures are usually performed at Shasta/ Diablo in Concord. The aspirations are manual (mva). She feels that the curriculum provided to the trainees is excellent. She trained at her own pace. Her clinical training was 40 procedures, averaging 44 to competency. Skills that she first acquired were trimester abortions procedures, dilation and curettages. The procedures are very sensory oriented. The ultrasound usage allows her to look and see what is happening during the procedure. She feels the curriculum was excellent. The clinical training	T-441 has completed 100 procedures (January 2009). She has performed two reaspirations (patient was initially from another clinic) and had experienced prolong bleeding). Discussion: If a patient has a perforation hypotensive, what should one do? Response: Call the MD, stabilize and transfer to ER. The training that she has received has provided her with new skills. She is not totally comfortable but feels that she is progressing well.

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													included a minimum of 40 procedures. Her average was approximately 44 procedures to competency. She achieved a 90% on the on-line didactic exam. She is much more comfortable in inserting IUDs now.	
Clinical Experience: 1. How are the patients assigned to you? How many thus far? 2. Were the services that you provided related to: miscarriage management, abortion care, other maternal care? Discuss 3. Are you the sole trainee providing the service to an individual patient or is their another trainee assigned to work with you? If another trainee is assigned to work with you, discuss who the primary trainee provider is and how that is determined? What is the shared responsibility? 4. What responses do you get when asking the patient to sign the consent form? Is their acceptance after the explanation? If the patient declines to sign, what happens next?	Has been called in to do re-aspirations. Working side-by-side with residents. Residents have their own trainee. No complications during procedures Re-aspirations Currently scheduled for once a month (10-15 patients.) If longer, would ask MD to allow her to do one of his patients. Procedures not often done. She gets out	Observed a patient in which the completion of the abortion was unsuccessful Performed MVA on Triplets.	Longest person to provide services (Post training phase for 1 year) Have done aspirations and re-aspirations Scheduled month to do procedures (Hilltop Richmond) If a couple of months passed, would do procedures @Shasta under Dr W. Have done manual evacuations.	Post – Training Phase: Completed 100. 40 with MD on site. 2 abnormal procedures: 1 patient with prolonged bleeding from another clinic. Did re-aspirations Sever cramping – Reaspiration. Able to articulate what to do in an emergency situation (hyportensive)						Process for receiving a patient for the procedures: The project's research assistant explains to the patient at the point of the Clinic intake and before readiness for a procedure, the demonstration program on site and ask the question, "Would you allow the APC clinician to perform the procedure or would rather have the clinics physician perform the procedures?" The research coordinator indicates that 79% of the			

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5. Have there been instances when patients are reassigned/changed and given to a non-trainee practitioner? Discuss. 6. Do you administer any medications? If so, what type/purpose of the medication? 7. Have their been any complications in providing your service? 8. Have you provided any care during the post discharge period to one of your patients? After care to a patient who was discharged home? Follow-up Care?	the protocol book, reviews the procedures. Have trained others in IUD's.		More comfortable in putting in IUDs as a result of this experience. Had previous skills relative to clients. Dilation and evacuation was new experience. Had ultrasound and other procedures prior to this project.	If there are any issues or inquires regarding a procedure – follow-up is done.							patients choose the projects APC study. Sometimes there is a gender preference, which the clinic may not always be able to accommodate. T-543 has not experienced any complications as a result of her practice. She has performed re-aspirations, working side-by-side with residents. Another nurse practitioner or preceptor provides any medications required or requested to the patient. There is always a second nurse assigned to assist in this manner. If a patient decides to opt out of the study "trainee performance for the procedure," the physician takes over the procedure or case. Regarding gap in performing procedures, T-543 indicates that if there is a one-month gap is			

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											ok for not performing first trimester procedures. If the gap is longer, she would ask the physician preceptor to observe a few procedure, review the protocols and curriculum manuals to refresh her herself. She usually performs ten to fifteen procedures a month.			
Records Management 1. Where are the signed patient consent forms kept? 2. Is this the same place where patient records are stored: During clinic hours? After hours? 3. Do you keep a log of patients seen as part of your employment/utilization record? 4. Have you had a chance to review the patient questionnaires? If so, what were your findings? 5. What other records do you manage/maintain?	MA or Research coordinator gets the patient consent for participation in the project**.**			Keep a log of procedures.										She keeps a log of procedures. She reviews any incidents with trainer/preceptor and obtains feedback when she is not available to se the same patient during follow-up. However, the research coordinator obtains the inform consent before the patient is available for procedures.
Relationship of the Employment/Utilization Experience to the Didactic/Clinical Rotation Course and Expected Project Outcomes:	If a patient "opts out" of the study, there is a physician present to take		To have the affiliate schedule regular clients from the	Avoid a gap in the training. Didn't do the procedure							Her advice to new trainees is to go for the experience and the learning, that there is complete		Suggestions for the program enhancement: Have regular scheduling.	She feels that her comfort level should extend beyond the 40 procedures with a MD present.

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1. Now that you have had some experience in abortion care et.al. Do you have any suggestions to modify the course content (that would provide better preparation)? 2. What are your expectations regarding the outcome of this project? 3. Are there any other comments, or information you would like to share with us?	over the patient (Resident). 79% approve to participate in project.		beginning and not have gaps. Patients are instructed to return for a follow-up visit. Only 20% do so (through-out the country)	for 6 weeks and needed to start over.							support by the preceptor and clinic employees. Team Members comments: “I feel confident that that she knows her limitations and would ask for backup when needed. I have no hesitation recommending with her skills.”		Collect data on callback (follow-up). Patients are advised to go back to the clinic where their procedures were performed for follow-up visits. She averages ten patients per month. Wednesday is her day for her procedures. She says about 28% come back for their follow-up care. Birth control choices are discussed during the initial appointment. Issue at the clinic: Scheduling - the TEACH family practice residents are also scheduling procedures at the clinic.	